City of Rockville - FY22 Human Services Nonprofit Grant

*Questions are listed in **Bold** text*
*Required Field

General Information

Program Name*

Program Location(s)*

> Provide a list of all program locations. Include street number, street name, suite number, city, and zip code.

Fax Number

Telephone Number (###-###-#### x###)*

> Provide a contact number for the program.

Primary Contact Name*

> Please provide the contact information of who should be the primary point of contact to receive communications throughout the entire grant process. Example: program director, reporting staff, etc.

Primary Contact Job Title*

Primary Contact Email Address*

Secondary Contact Name*

Secondary Contact Job Title*

Secondary Contact Email Address*

Grant Request & Collaboration Information

Amount of City of Rockville grant request*

Grant Type: Will the City of Rockville's grant be used to maintain an existing program, expand an existing program, or start a new program?*

> Choices
> Maintain an existing program
> Expand an existing program
> Start a new program

Collaboration: Does this program have a formal or informal collaboration involving other organizations or agencies?*

> Choices
> Yes
> No

Collaboration Detail: If yes, is the collaboration formal or informal?

> Choices
> Formal
> Informal

Collaborator Details: What are the names of the collaborating organizations and the nature of the collaboration? *Character Limit: 1000*

Would you like to collaborate on this application with another person? If yes, follow the instructions below.

Once you have started a request you will see the Collaborate button at the top of the page. This can be used to invite other people to work on this request.

- From the Collaborate pop up, enter the email address of the person you would like to invite,
- Set the Permission you would like the collaborator to have, either View, Edit, or Submit.
- And lastly, include a message and select Invite.

An email will be sent to the collaborator containing your message, their username, and a link to the logon page.

After logging into the system, the collaborator will see this request under the Collaboration Requests tab of their Applicant Dashboard. Here they can select the edit form link and start collaborating on the document. The Collaborator will have access to all forms within the request that have been assigned to the original applicant.

Organizational Capacity

What is your organization's mission?* *Character Limit: 500*

In what year was the organization founded?*

In what year did this program begin operation?*

How many years has this program received a City of Rockville grant?*

Has this program been independently evaluated?*

> Choices
> Yes
> No

If yes, was the evaluation formal or informal?

> Choices
> Formal
> Informal

Evaluator(s) and year(s)

ATTACHMENT: Report from the last formal and/or informal evaluation of the program (all applicable). *File Size Limit: 5 MB*

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Organizational Capacity* *Character Limit: 2000*

> Describe your organization's capability to provide this program, including relevant information about your organization's history, prior experience providing this program, management structure, and staff expertise.

Full-time staff*

> How many full-time staff are used to administer this program?

What is the total full-time equivalent (FTE)* number of staff?*

> *Full-time equivalent (FTE) is a unit that indicates the workload of an employed person. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time. For example, if a certain employee works full-time but only a third of their time is dedicated to this program, that individual should be counted as a 0.3 FTE.

ATTACHMENT: Audit, Financial Statement, or compilation for most recent completed operating year.* *File Size Limit: 7 MB*

ATTACHMENT: IRS Form 990 for most recent completed operating year.* *File Size Limit: 2 MB*

ATTACHMENT: Board Roster identifying officers, term limits, addresses, and phone numbers.* *File Size Limit: 2 MB*

ATTACHMENT: Staff Roster* *File Size Limit: 2 MB*

> List information for all staff involved in the program, including Executive Director, program staff, financial staff, grant administration staff, etc.

> Please include relevant staff names, titles, FTE, email address, and phone numbers. You can aggregate positions with multiple staff members (i.e. nurses, case workers).

ATTACHMENT: Optional File *File Size Limit: 3 MB*

> If you need to break the above documents into more than one file, please use this upload space.

Program Information

What are the days and hours of operation of the program?* *Character Limit: 250*

Program Description* *Character Limit: 1000*

> Provide a description of the program for which you are requesting funds, including the benefit to its clients.

Program Benefits: How does your program benefit the wider community beyond the benefits to its individual clients?* *Character Limit: 1000*

Program Changes: Are there any modifications planned to the program for FY 2022, including any expansion or reduction of services?*

> Choices

Yes

No

Program Change Detail *Character Limit: 500*

If yes, provide an explanation of any program changes

What are the specific services this program provides to its clients?

Service 1* *Character Limit: 100*

Service 1 Description* *Character Limit: 250*

Service 2 *Character Limit: 100*

Service 2 Description *Character Limit: 250*

Service 3 *Character Limit: 100*

Service 3 Description *Character Limit: 250*

Service 4 *Character Limit: 100*

Service 4 Description *Character Limit: 250*

Who are the intended recipients of the program's services?* *Character Limit: 500*

What are the eligibility requirements for the program?* *Character Limit: 500*

i.e. income level, age, location, etc.

Rockville Residents Served (FY 2018 to FY 2020)

Provide the unduplicated number of Rockville residents who have received services from the program in the past three years. If the program received a City of Rockville grant, these figures must match the final approved annual report.

(Rockville residency check: www.rockvillemd.gov/citymaps)

FY 2018* *Character Limit: 15*

FY 2019* *Character Limit: 15*

FY 2020* *Character Limit: 15*

If these numbers are variable or are trending downward, provide an explanation. *Character Limit: 500*

Program and Organization Budget

ATTACHMENT: Program and Organization Budget* *File Size Limit: 5 MB*

View the Budget Form here.

1. Download the budget form above.

2. Fill out the budget form and save it. Some information may auto populate. Reference

Attachment 1 (on page 4) and Attachment 2 (on pages 5-7) to clarify terminology listed within the budget form.

3. Upload the completed form using the "upload a file" button.

Specific Services: If the full amount of the requested City of Rockville grant funding were to be provided, what specific services would be funded? Provide a detailed explanation.* *Character Limit: 1000*

Partial Funding: If a partial amount of the requested City of Rockville grant funding were to be provided, what specific services enumerated above would not be funded? Provide an explanation.* *Character Limit: 1000*

Outputs and Outcomes

Quantitative Data: What are the specific quantitative data collection methods that will be used to track outputs and outcomes and gauge the program's effectiveness?* *Character Limit: 1000*

Qualitative Data: What are the specific qualitative data collection methods that will be used to track outputs and outcomes and gauge the program's effectiveness?* *Character Limit: 1000*

Unduplicated Client Statistics

FY20: Total unduplicated number of people served* *Character Limit: 10*

FY21 (Projected): Total unduplicated number of people served* *Character Limit: 10*

FY22 (Projected): Total unduplicated number of people served* *Character Limit: 10*

FY20: Unduplicated number of Rockville residents served* *Character Limit: 10*

FY21 (Projected): Unduplicated number of Rockville residents served* *Character Limit: 10*

FY22 (Projected): Unduplicated number of Rockville residents served* *Character Limit: 10*

Customer Satisfaction Surveys

FY20: Number of program participants surveyed* *Character Limit: 10*

(out of the number of unduplicated people or families served)

FY21 (Projected): Number of program participants surveyed* *Character Limit: 10*

FY22 (Projected): Number of program participants surveyed* *Character Limit: 10*

FY20: Number of program participants satisfied with the program's services (out of the number of unduplicated people surveyed)* *Character Limit: 10*

FY21 (Projected): Number of program participants satisfied with the program's services (out of the number of unduplicated people surveyed)* *Character Limit: 10*

FY22 (Projected): Number of program participants satisfied with the program's services (out of the number of unduplicated people surveyed)* *Character Limit: 10*

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What service area does your program fall within?*

NOTE: This section will have different questions based on the service area selected. View the full list of suggested outputs and outcomes by service area and a Logic Model example.

The City of Rockville grant is not limited to the following service areas. If your program does not fall within one of the provided service categories or if you have questions about the required or optional outputs and outcomes, contact Ali Hoy, Community Services Program Analyst at ahoy@rockvillemd.gov or 240-314-8304.

Choices
Clothing Distribution
Elderly/Disabled Supportive Services
Food Distribution
Health Care
Information/Referral Services
Language/Citizenship Education
Mental Health
Parenting Support/Education
Shelters: Day
Shelters: Emergency
Shelters: Permanent
Other

HIPAA Requirement and Executive Signatures

Is your program required to comply with privacy regulations (under HIPAA or otherwise)?*

Choices
Yes
No

If "yes," then by signing this application, you understand and agree that you will be solely responsible for developing, implementing, and obtaining from all of your clients a signed authorization that will enable you to use or disclose personal client information in order to obtain payment from your funders, to verify service utilization, and for other operational purposes.

We, the undersigned, authorize the submission of this application to the City of Rockville and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Rockville.